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TRANSMITTAL FORM

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/084,291	
	Filing Date	February 27, 2002	
	First Named Inventor	Carson	
	Group Art Unit	3737	
	Examiner Name	Barry Pass	
Total Number of Pages in This Submission		Attorney Docket Number	50642/270979

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO 1449 (1 sheet) 1 publications Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Bertelson, Reg. No. 54,713
Signature	
Date	Nov. 10, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher P. Carson)
)
Serial No.: 10/084,291) Examiner: Barry Pass
)
Filed: February 27, 2002) Group Art Unit: 3737
)
For: SURGICAL NAGIVATION)
SYSTEMS AND PROCESSES)
FOR HIGH TIBIAL)
OSTEOTOMY)

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Attorney Docket No. 50642/270979
Date: November 11, 2003

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with Rules 56, 97 and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), the publication listed on the enclosed Form PTO 1449 is submitted for consideration by the Examiner.

Submission of the reference provided in this Information Disclosure is not intended to constitute an admission that any reference referred to herein is prior art for this invention unless specially designated as such. Also, in accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made, or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

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U.S. Serial No. 10/084,291
Filed: February 27, 2002
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

This Information Disclosure Statement is being filed before the issuance of a first office action on the merits of the application (37 C.F.R. 1.97(b)(3)); therefore, no fee is believed to be due. If a fee is due, the Commissioner is authorized to charge such fee and any additional fees that may be due or credit any overpayment to Deposit Account No. 11-0855.

Respectfully submitted,



Michael A. Bertelson
Reg. No. 54,713

KILPATRICK STOCKTON LLP
Suite 2800, 1100 Peachtree Street
Atlanta, Georgia 30309-4530
(404) 815-6291

